								Application or Docket Number								
	PATENT APPLICATION FEE DETERMINATION RECO									1 / / / .						
Effective October 1, 2003										19677291						
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OR	OTHER SMALL	THAN ENTITY			
TOTAL CLAIMS			10		-		٠	RATE FEE		FEE	1	RATE	FEE			
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE 385.00		385.00	OR	BASIC FEE	770.00			
TOTAL CHARGEABLE CLAIMS			/O minus 20=		•			X\$ 9=			OR	X\$18=				
INDEPENDENT CLAIMS			minus 3 =		2			X43=			OR	X86=	1725-			
ML	ILTIPLE DEPE	NDENT CLAIM P	RESENT					+145=			OR	+290=				
* If	the difference	in column 1 is	less than zero, enter "0" in column 2					TOTA			OR	TOTAL	942			
Q A LAIMS AS AMENDED - PART II									•		•	OTHER				
<u>0</u>	040	(Column 1)		(Colun		(Column 3)		SMALL ENT			OR	SMALL				
AMENDMENT A		REMAINING AFTER AMENDMENT		NUME PREVIO	BER	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE			
	Total	. ()	Minus	- 2	0		ı	X\$ 9=			OR	X\$18=	-			
	independent	5	Minus	*** [5	=		X43=	1		OR	X86=	,			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						ľ	+145=			OR	+290=	<u></u>			
								TOTA	┰┼		ΛP	TOTAL				
	(Column 1) (Column 2) (Column 3)									<u>-</u>	J	ADDIT. FEE				
6		CLAIMS REMAINING		HIGH	EST	T i	Γ		T	ADDI-			ADDI-			
AMENDMENT B		AFTER AMENDMENT		PREVIO	USLY	PRESENT EXTRA		RATE	١	TIONAL FEE		RATE	TIONAL FEE			
	Total	•	Minus	**		=		X\$ 9=			OR	X\$18=				
	Independent	*	Minus	***	O: 4114	-		X43=	1		OR	X86=				
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						·ſ	+145=			OR	+290=				
•									Ė		OR ,	TOTAL ADDIT, FEE				
(Column 1) (Column 2) (Column 3)									_		•	wert, FEE				
o	`	CLAIMS REMAINING		HIGHE	ST	PRESENT	Г		T	ADDI-	ſ		ADDI-			
MEN		AFTER AMENDMENT		PREVIO	USLY	EXTRA		RATE		IONAL FEE		RATE	TIONAL FEE			
	Total	*	Minus	**		=	1.	X\$ 9=			QR	X\$18=				
	Independent	*	Minus	***	<u> </u>	<u> </u>		X43=	T		OR	X86=				
	FIRST PRESE	NTATION OF MU	ILTIPLE DEF	PENDENT	CLAIM		F	+145=	†							
* H	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+290= TOTAL				
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."																
		ber Previously Paid					foun	d in the a	ppro	opriate box	in colu	mn 1.	İ			

FORM PTO-875 (Rev. 10/03)